

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542674

FILING DATE

APPENDIX(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	20		/			
4	20		/			
5	20		/			
6	20		/			
7	20		/			
8	20		/			
9	20		/			
10	20		/			
11	20		/			
12	20		/			
13	20		/			
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	20	↔	18	↔		↔
TOTAL CLAIMS	21	[REDACTED]	19	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]